CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Gui | DE explains how to complete this form. | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE # 1 of 22 | | |
|---|--|---|---|--|--|
| 3 CANDIDATE / | MS / MRS / MR FIRST | MI | OFFICE USE ONLY | | |
| OFFICEHOLDER NAME | Mr. Frank | | Date Received | | |
| | Leffingwell | | JAN 1 5 2015 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | P.O. Box 686 Round Rock, TX 78680 | CITY; STATE; ZIP COI | Date Hand-delivered or Date Postmarked | | |
| Change of Address | | | | | |
| | | | Receipt # Amount | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Date Processed | | |
| NAME | Judy | | Date Imaged | | |
| | NICKNAME LAST McLeod | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 686 Round Rock, TX 78680 | APT / SUITE #; CITY; STATE; | ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 246-3040 | EXTENSION | | | |
| 8 REPORT TYPE | January 15 30th day bet | fore election Runoff | 15th day after campaign treasurer appointment (officeholder only) | | |
| | July 15 X 8th day befo | ore election Exceeded \$500 li | mit Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year | Month | Day Year | | |
| | 12/16/2014 | THROUGH 01/1 | 4/2015 | | |
| 10 ELECTION | ELECTION DATE ELECTION DATE Month Day Year 01/24/2015 | CTION TYPE Primary Runoff | General Special | | |
| 11,OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (II Round Rock C | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| oor rontra | | | | | |
|--|--|--|--|--|--|
| 13 C/OH NAME Leffin | gwell, Frank (Mr.) | | 14 ACCOUNT # 00000001 | (Ethics Commission filers) | |
| 15 NOTICE FROM | have been made with | stice of political expenditures by political committees to support the catout the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures | andidate / officeholder tes and officeholders | . These expenditures may are required to report this | |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| GENERAL COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 16 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ | | | | 0.00 | |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | \$ | 13,975.00 | |
| EXPENDITURE TOTALS | 3. TOTAL I | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | 0.00 | |
| 4. TOTAL POLITICAL EXPENDITURES | | | \$ | 6,873.17 | |
| CONTRIBUTION BALANCE | 1991 1 10 10 10 10 10 | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD | \$ | 10,163.90 | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ | 0.00 | |
| 17 AFFIDAVIT | | | | | |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. CHRISTOPHER G. HILDRETH Notary Public, State of Texas My Commission Expires September 06, 2015 Signature of Candidate or Officeholder | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| Sworn to and subscrib | Sworn to and subscribed before me, by the said Frank Leffingwell , this the 14th day | | | | |
| of <u>Januar</u> , 2 | 20 <u>15</u> , to ce | rtify which, witness my hand and seal of office. | | | |
| M- 2u- | inistering oath | Christopher G. Hildreth Print name of officer administering oath | Notas Pr | | |
| | | | | | |

| The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/ | 14 Report: 3/22 | | |
|-------------------|---|----------------------|-------------------------------|--|--|--|
| 2 FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID# Altman, Mitch (Mr.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| 12/22/2014 | 6 Contributor address; City; State; Zip Code 1958 Steamway Round Rock, TX 78626 | | \$500.00 | | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See In: | structions) | | | |
| Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 12/18/2014 | Contributor address; City; State; Zip Code 11570 Research Boulevard Austin, TX 78759 | | \$100.00 | | | |
| | Austill, 17/0/39 | | (If travel outside of | I Texas, complete Schedule T) ☐ | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See In: | structions) | | | |
| Date | Full name of contributor | <u>#</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 01/05/2015 | Contributor address; City; State; Zip Code 2932 Cedar Crest Circle Round Rock, TX 78665 | | \$100.00 | | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See In: | structions) | | | |
| Date | Full name of contributor ☐ out-of-state PAC (ID# Avery, Charles & Beth (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 12/17/2014 | Contributor address; City; State; Zip Code 4029 Sable Oaks Drive Round Rock, TX 78664 | | \$250.00 | | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| Principal occup | Leation / Job title (See Instructions) | Employer (See In: | • • • • • • | Total, compete concurs (, | | |
| Date | Full name of contributor uut-of-state PAC (ID# Avery, Charles & Beth (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 01/05/2015 | Contributor address; City; State; Zip Code 4029 Sable Oaks Drive Round Rock, TX 78664 | | \$250.00 | | | |
| | | | (If travel outside of | Texas, complete Schedule T) | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See In: | structions) | | | |

SCHEDULE A

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 2/1 | 14 Report: 4/22 | | |
|---|-----------------|---|---------------------|-------------------------------|--|--|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Avery, John (Mr.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 12/18/2014 | 6 Contributor address; City; State; Zip Code 2803 Pecos Street Austin, TX 78703 | | \$250.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Beard, Roy & Denise (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/30/2014 | Contributor address; City; State; Zip Code 1902 Shadowbrook Circle Round Rock, TX 78681 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In | | | | |
| | т ппсіраї оссар | ation 7 505 title (See Histractions) | Employer (ede in | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 01/08/2015 | Contributor address; City; State; Zip Code 2201 Hairy Man Road | | \$250.00 | | | |
| | | Round Rock, TX 78681 | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 01/01/2015 | Contributor address; City; State; Zip Code 1308 Chisholm Trail #107 Round Rock, TX 78681 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 01/05/2015 | Contributor address; City; State; Zip Code 3333 Sam Bass Road Round Rock, TX 78681 | | \$250.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | <u>'</u> | , | | |
| | | | | | | | |

| | The Instruction | סא Guide explains how to complete this form. | | 1 PAGE # Schedule: 3/1 | 14 Report: 5/22 |
|---|-----------------|--|---------------------|---|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Bradley, Jerry & Linda (Mr. and Mrs.) |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 12/17/2014 | 6 Contributor address; City; State; Zip Code 2721 Sam Bass Road | | \$300.00 | [[|
| | | Round Rock, TX 78681 | | | |
| Ļ | Dringing cour | pation / Job title (See Instructions) | 10 Employer (See In | 3. S. | Texas, complete Schedule T) |
| 9 | Principal occup | valion / Job title (See Instructions) | 10 Employer (See in | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/17/2014 | Contributor address; City; State; Zip Code 1404 Pearl Cove | | \$200.00 | |
| | | Round Rock, TX 78681 | | | _ |
| L | | | | 7.00 | Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor □ out-of-state PAC (ID# Brinegar, Robin (Mrs.) |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/18/2014 | Contributor address; City; State; Zip Code 3703 Hayley's Way | | \$100.00 | |
| | | Round Rock, TX 78665 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/22/2014 | Contributor address; City; State; Zip Code 4020 Mantle Ridge Drive Cumming, GA 30041 | | \$1,000.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| _ | | | | A | I be bland a matribustion |
| | Date | Full name of contributor | :) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/17/2014 | Contributor address; City; State; Zip Code 2258 Hamlet Circle | | \$100.00 | |
| | | Round Rock, TX 78664 | | | |
| | Principal occur | pation / Job title (See Instructions) | Employer (See In: | | Texas, complete Schedule T) |
| | - ппорагоссир | auon / von uue (oee manuonia) | Employer (Gee in | ou douono) | |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 4/1 | 4 Report: 6/22 | |
|----------|------------------|--|---|--|--|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Collier, Daniel & Deborah (Mr. and Mrs.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 12/17/2014 | 6 Contributor address; City; State; Zip Code 817 Blue Spring Circle Round Rock, TX 78681 | | \$100.00 | | |
| | | Touris Touris | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occur | ation / Job title (See Instructions) | 10 Employer (See In | IN THE STATE OF TH | de personal de la company de l | |
| <u> </u> | T Intolpal Goodp | audit / dob une (doc mondano) | 10 Employer (eee iii | | | |
| | Date | Full name of contributor | <u>‡</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 807 Blanco | | \$100.00 | l L | |
| | | #305 Austin, TX 78703 | | | | |
| | | | | • | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | | | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 2503 Donner Path | • | \$50.00 | l I | |
| | | Round Rock, TX 78681 | | I | _ | |
| | | | | • | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor | <u>‡</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| • | 12/19/2014 | Contributor address; City; State; Zip Code 2202 Clearwater Drive Round Rock, TX 78681 | | \$250.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | | |
| | Date | Full name of contributor ut-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 1108 Brendon Lee Lane | | \$300.00 | | |
| | | Georgetown, TX 78626 | | | <u> </u> | |
| | | | | • | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | | |

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|-------------------------------------|-----------------|--|---------------------|-------------------------------|--|--|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/1 | 14 Report: 7/22 | |
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Eskridge, Robert (Mr.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 12/16/2014 | 6 Contributor address; City; State; Zip Code 1609 Wildwood Drive Round Rock, TX 78681 | | \$100.00 | [| |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID#Fell, Brian & Suzanne (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/30/2014 | Contributor address; City; State; Zip Code 17008 Pagosa Springs Court Austin, TX 78717 | | \$100.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | | |
| | | | | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 511 Oakwood Boulevard Suite 301 | | \$100.00 | [[| |
| | | Round Rock, TX 78681 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 01/05/2015 | Contributor address; City; State; Zip Code 1013 Parrot Trail Round Rock, TX 78681 | | \$25.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Franklin, Ryan & Ashley (Mr. and Mrs.) |) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 01/05/2015 | Contributor address; City; State; Zip Code 2613 Ravenwood Drive | | \$100.00 | | |
| | | Round Rock, TX 78665 | | //6 travel autolida a f | Toyon complete Cobadula T | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In: | | Texas, complete Schedule T) | |
| | | | | | | |

Texas Ethics Commission

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 6/ | 14 Report: 8/22 |
|---|-------------------|--|---------------------|--|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date 01/06/2015 | 5 Full name of contributor ☐ out-of-state PAC (ID# Freeman, Mike (Mr.) 6 Contributor address; City; State; Zip Code 2007 Sam Bass Road Round Rock, TX 78681 | <u> </u> | 7 Amount of contribution (\$) \$350.00 | 8 |
| 9 | Principal occup | Pation / Job title (See Instructions) | 10 Employer (See In | The state of the s | · · · · · · · · · · · · · · · · · · · |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/17/2014 | Contributor address; City; State; Zip Code 2011 Plantation Drive Round Rock, TX 78681 | | \$250.00 | 1 |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | vation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Hagood, Ron & Carolyn (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 01/05/2015 | Contributor address; City; State; Zip Code 5801 Phantom Flight Lane Round Rock, TX 78654 | | \$50.00 | │ │ │ 「Texas, complete Schedule T) □ |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 01/13/2015 | Contributor address; City; State; Zip Code 5106 Duval Street Austin, TX 78751 | | \$100.00 | |
| | Dringing Lagran | otion / Joh title (Coe Instructions) | Employer (See In | | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See in | structions) | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Honeycutt, Rufus (Mr.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/22/2014 | Contributor address; City; State; Zip Code 3009 Cedar Elm Lane Round Rock, TX 78681 | | \$50.00 | |
| _ | Principal occur | ation / Job title (See Instructions) | Employer (See In | 3 | Texas, complete Schedule T) |
| | i ililoipai occup | whom you had lose mondono) | Employer (Gee III | ou doublio) | |

SCHEDULE A

| | The Instruction | אס Guide explains how to com | plete this form. | | 1 PAGE# Schedule: 7/ | 14 Report: 9/22 | |
|---|-----------------|--|-------------------------|---------------------|--|--|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor Hu, Char (Mr.) | out-of-state PAC (ID# | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 12/18/2014 | 6 Contributor address; 2700 Shell Road Georgetown, TX 78626 | City; State; Zip Code | | \$100.00 | | |
| | | , | | | | Texas, complete Schedule T) | |
| 9 | Principal occup | pation / Job title (See Instruction | ns) | 10 Employer (See In | structions) | | |
| | Date | Full name of contributor King, Charles & Leah (Mr. | | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; 3324 Vintage Drive Round Rock, TX 78664 | City; State; Zip Code | | \$250.00 | | |
| | | Round Rock, 12 70004 | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | pation / Job title (See Instruction | ns) | Employer (See In | structions) | | |
| | | | | | | | |
| | Date | Full name of contributor Krenek, Frank (Mr.) | out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 01/05/2015 | 2900 Gabriel View Drive | City; State; Zip Code | | \$100.00 | | |
| | | Georgetown, TX 78628 | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | eation / Job title (See Instruction | ns) | Employer (See In | structions) | | |
| | Date | Full name of contributor Lee, Christopher & Tina (N | | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; 2511 Resnick Drive Round Rock, TX 78681 | City; State; Zip Code | | \$150.00 | | |
| | | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instruction | ns) | Employer (See In | • | | |
| | Date | Full name of contributor Leffingwell, S.L. (Mr.) | ☐ out-of-state PAC (ID# | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; 4516 Balcones Drive | City; State; Zip Code | | \$500.00 | | |
| | | Austin, TX 78731 | | | | l | |
| | Dalmatant | otion / Joh ## /Oss !sstern" | 100 | Employer /Con In | • No. 1000/20030 Section to accordance (Section | Texas, complete Schedule T) | |
| | Principal occup | eation / Job title (See Instruction | 15) | Employer (See In | suucuons) | | |
| | | | | | MATERIA DE LA CONTRACTOR DE LA CONTRACTO | | |

SCHEDULE A

| | OTHER THART LEDGES OR LOAKS | | | | | | |
|---|-----------------------------|--|---------------------|---|--|--|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 8/ | 14 Report: 10/22 | | |
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Lewis, Robert (Mr.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 12/30/2014 | 6 Contributor address; City; State; Zip Code 16020 Dark Lane Austin, TX 78717 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/22/2014 | Contributor address; City; State; Zip Code P.O. Box 1284 Round Rock, TX 78680 | | \$100.00 | 1 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | | | | | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Markham, Mark (Mr.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/22/2014 | Contributor address; City; State; Zip Code 7300 Spanish Oak Drive Round Rock, TX 78645 | | \$50.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/22/2014 | Contributor address; City; State; Zip Code 3400 Vintage Drive Round Rock, TX 78664 | | \$1,000.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 307 Gladeview Drive Round Rock, TX 78681 | | \$300.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | 1 No. 000 1000 1000 1000 1000 1000 1000 100 | | | |
| | | | | | | | |

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 9/1 | 14 Report: 11/22 | | |
|---|-----------------|---|---------------------|-------------------------------|--|--|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Moman, John & Toni (Mr. and Mrs.) | #) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 12/17/2014 | 6 Contributor address; City; State; Zip Code 1701 Johnson Way Round Rock, TX 78681 | | \$100.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Morgan, Craig & Amanda (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 1343 River Forest Drive Round Rock, TX 78663 | | \$250.00 | | | |
| | | Tround room, 17/10000 | | (If travel outside of | Texas, complete Schedule T) | | |
| - | Principal occur | pation / Job title (See Instructions) | Employer (See In | | | | |
| | Timoipai oodap | austry soo the (ess mendency) | | | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Munson, Felix & Lori (Mr. and Mrs.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 2921 Cuero Cove Round Rock, TX 78681 | | \$500.00 | | | |
| | | Nound Nook, 17/10001 | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 01/05/2015 | Contributor address; City; State; Zip Code 3015 Cedar Elm Lane Round Rock, TX 78681 | | \$250.00 | | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | Date | Full name of contributor | <u>‡</u>) | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | 12/18/2014 | Contributor address; City; State; Zip Code 2701 Wokin Cove Round Rock, TX 78681 | | \$250.00 | | | |
| | | | | | <u> </u> | | |
| | | | | • | Texas, complete Schedule T) | | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | | |
| | | | | | | | |

SCHEDULE A

| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 10 | /14 Report: 12/22 |
|---|-----------------|--|----------------------|-------------------------------|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Port, Christopher & Crystal (Mr. and Mrs.) |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 01/06/2015 | 6 Contributor address; City; State; Zip Code 16918 Bar Harbor Bend Round Rock, TX 78681 | | \$50.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | eation / Job title (See Instructions) | 10 Employer (See In: | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/18/2014 | Contributor address; City; State; Zip Code 5411 Sam Bass Road Round Rock, TX 78681 | | \$500.00 | |
| | | Thousand Treesi, TX 7000. | | (If travel outside of | Texas, complete Schedule T) |
| H | Principal occur | pation / Job title (See Instructions) | Employer (See In: | | Texas, complete ochedule 1) |
| | i iliopai occap | audit / dob utile (doc mondations) | Employer (eee iii | ou doubling) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/30/2014 | Contributor address; City; State; Zip Code 603 Chisholm Trail Road Round Rock, TX 78681 | | \$100.00 | |
| | | Thousand Thousand The Thousand | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | |
| | Date | Full name of contributor out-of-state PAC (ID# Quick, Larry & Lynn (Mr. and Mrs.) |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 01/14/2015 | Contributor address; City; State; Zip Code 1904 Shadowbrook Circle Round Rock, TX 78681 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Ins | structions) | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/17/2014 | Contributor address; City; State; Zip Code 2503 Chowan Way Round Rock, TX 78681 | | \$250.00 | |
| | | Todal a room 177 7001 | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Ins | • | · - |
| | | | | | Electronic Filing Version 3.4 |

| The Instruction Guide explains how to complete this form. | | | | 1 PAGE# | /14 Report: 13/22 | |
|---|-----------------|--|---------------------|-------------------------------|--|--|
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID#Rabb, Nancy (Mrs.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| | 12/17/2014 | 6 Contributor address; City; State; Zip Code 2604 Sunrise Road Round Rock, TX 78665 | | \$250.00 | | |
| | | Trould room, 17/10000 | | (If travel outside of | Texas, complete Schedule T) | |
| 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 01/08/2015 | Contributor address; City; State; Zip Code 213 North Mays Street Suite A | | \$100.00 | | |
| | | Round Rock, TX 78664 | | (If travel outside of | Texas, complete Schedule T) | |
| \vdash | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | | |
| | | · · | | | × | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Robins, Tim (Dr.) | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/19/2014 | Contributor address; City; State; Zip Code 7200 Wyoming Springs Drive Suite 1600 | | \$200.00 | | |
| | | Round Rock, TX 78681 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/17/2014 | Contributor address; City; State; Zip Code 925 Blue Spring Circle Round Rock, TX 78681 | | \$100.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 12/30/2014 | Contributor address; City; State; Zip Code 6701 N. Park Drive | | \$100.00 | | |
| | | Austin, TX 78757 | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | • | , — | |
| | | | | | | |

| The International Gluce explains how to complete this form. 1 PAGE # Schedule: 12/14 Report: 14/22 | | | | | | | |
|---|---|-------------------|--|---------------------|--|---|--|
| Date S Full name of contributor Out-of-state PAC (ID# | | The Instruction | ON GUIDE explains how to complete this form. | | 275 2011 01 1000000-100000 | 1/14 Report: 14/22 | |
| Scott, Camron (Mr.) 01/05/2015 6 Contributor address; 21/26 Willow Way Round Rock, TX 78684 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 11 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# | 2 | FILER NAME | Leffingwell, Frank (Mr.) | | | (Ethics Commission filers) | |
| 2428 Williow Way Round Rock, TX 78684 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) | 4 | Date | | #) | | | |
| 9 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of Scott, Michael & Lori (Mr. and Mrs.) Amount of Contribution (S) In-kind contribution (description (if applicable) | | 01/05/2015 | 2426 Willow Way | | \$50.00 | | |
| Date Full name of contributor contributor Scott, Michael & Lori (Mr. and Mrs.) Amount of contribution (S) description (If applicable) | | | | | (If travel outside of | Texas, complete Schedule T) | |
| 12/17/2014 Scott, Michael & Lori (Mr. and Mrs.) Contribution (\$) description (if applicable) | 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | | |
| 2511 Creekbend Circle Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date | | Date | A CONTRACTOR OF THE CONTRACTOR | #) | | | |
| Principal occupation / Job title (See Instructions) Date | | 12/17/2014 | 2511 Creekbend Circle | | \$100.00 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | Round Rock, 17 70001 | | (If travel outside of | Texas, complete Schedule T) | |
| Date Full name of contributor Out-of-state PAC (ID# | _ | Principal occur | pation / Joh title (See Instructions) | Employer (See In | A CONTRACTOR OF THE CONTRACTOR STREET, SO IS | 2000 1900 1900 1900 1900 1900 1900 1900 | |
| Sells, Bonnie (Mrs.) Contributor address; Otty; State; Zip Code 900 County Road 438 Thrail, TX 76578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor on out-of-state PAC (ID# | | T Tilloipal Goodp | autority out the (eee mendeners) | Limployer (ded in | | | |
| 900 County Road 438 Thrall, TX 76578 (If travel outside of Texas, complete Schedule T) | | Date | The state of the s | #) | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor | | 01/12/2015 | 900 County Road 438 | | \$500.00 | | |
| Date Full name of contributor out-of-state PAC (ID# | | Υ | · | | (If travel outside of | Texas, complete Schedule T) | |
| Sheppard, Michael & Lynette (Mr. and Mrs.) O1/02/2015 Contributor address; City; State; Zip Code Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Smith, Bryant & Heather (Mr. and Mrs.) Contributor address; City; State; Zip Code 310 Courtness Way Georgetown, TX 78626 (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T) | | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| 2409 Dyland Garrett Cove Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# other) Smith, Bryant & Heather (Mr. and Mrs.) Contributor address; City; State; Zip Code 310 Courtness Way Georgetown, TX 78626 (If travel outside of Texas, complete Schedule T) | | Date | 75 mm - 1 | <u>#</u>) | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor | | 01/02/2015 | 2409 Dyland Garrett Cove | | \$100.00 | | |
| Date Smith, Bryant & Heather (Mr. and Mrs.) Contributor address; 310 Courtness Way Georgetown, TX 78626 Date Full name of contributor out-of-state PAC (ID#) Contribution (\$) Amount of contribution (\$) description (if applicable) Contribution (\$) Significant (\$) Sign | | | | | (If travel outside of | Texas, complete Schedule T) | |
| Smith, Bryant & Heather (Mr. and Mrs.) Contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 310 Courtness Way Georgetown, TX 78626 (If travel outside of Texas, complete Schedule T) | | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | | |
| 01/14/2015 Contributor address; City; State; Zip Code \$250.00 State; Zip Code Scorgetown, TX 78626 (If travel outside of Texas, complete Schedule T) | | Date | · · | <u> </u> | Amount of contribution (\$) | | |
| Georgetown, TX 78626 (If travel outside of Texas, complete Schedule T) | | 01/14/2015 | Contributor address; City; State; Zip Code | | \$250.00 | | |
| | | | | | | _ | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | (If travel outside of | Texas, complete Schedule T) | |
| | | Principal occup | ation / Job title (See Instructions) | Employer (See Ins | structions) | | |

| | • · · · · · · | | | | |
|----------|---|--|---------------------|--|--|
| | The Instruction | אס Guide explains how to complete this form. | | 1 PAGE # Schedule: 13 | /14 Report: 15/22 |
| 2 | FILER NAME | Leffingwell, Frank (Mr.) | | 3 ACCOUNT# 00000001 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor ☐ out-of-state PAC (ID# Smith, John & Mary (Mr. and Mrs.) | <u> </u> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 12/17/2014 | 6 Contributor address; City; State; Zip Code 2507 Melekhin Bend Cedar Park, TX 78613 | | \$250.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 01/05/2015 | Contributor address; City; State; Zip Code 2800 Cool River Loop Round Rock, TX 78665 | | \$150.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| \vdash | Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| | | | | | |
| | Date | Full name of contributor ☐ out-of-state PAC (ID# Tubbs, Kyle and Kaylie (Mr. and Mrs.) | ŧ) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/22/2014 | Contributor address; City; State; Zip Code 2208 McCombs Drive Georgetown, TX 78626 | | \$50.00 | I I I |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| _ | Principal occup | vation / Job title (See Instructions) | Employer (See In | <u>'</u> | , том, разования т., |
| | , | , | | , | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 01/05/2015 | Contributor address; City; State; Zip Code 3016 Wood Springs Lane Round Rock, TX 78681 | | \$250.00 | |
| | | | | | - |
| | Dringing again | ation / Job title (See Instructions) | Employer (See In: | 7. T. C. | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See in | structions) | |
| | Date | Full name of contributor | <u> </u> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 12/17/2014 | Contributor address; City; State; Zip Code 25 Wilderness Way Round Rock, TX 78664 | | \$500.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | | | | | |

POLITICAL CONTRIBUTIONS

| OTHER THAN PLEDGES OR LOANS | | | | | | |
|--|---|----------------------|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | | 1 PAGE # Schedule: 14/14 Report: 16/22 | | | |
| 2 FILER NAME Leffingwell, Frank | (Mr.) | | 3 ACCOUNT# (Ethics Commission filers) 00000001 | | | |
| 4 Date 5 Full name of cont Whitfield, Eric & Kr | ributor |) | 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) | | | |
| 12/17/2014 6 Contributor addre 2124 Aaron Ross Wa Round Rock, TX 786 | ess; City; State; Zip Code ay 665 | | \$150.00 | | | |
| | | | (If travel outside of Texas, complete Schedule T) | | | |
| 9 Principal occupation / Job title (See In | structions) | 10 Employer (See Ins | structions) | | | |
| | | | | | | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out 0f District
Office Outside d/Pantal Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

| Event Expense Fees | Polling Expense Printing Expense | Travel Out Of Office Overhea | | didate/Officeholder/Political Committee R (enter a category not listed above) |
|---|---|---------------------------------|--|--|
| IS A | | | ow to complete this form. | |
| 1 PAGE# | 2 FILER NA | | | 3 ACCOUNT# (TEC filers) |
| Schedule: 1/6 Re | port: 17/22 Leffingwe | ell, Frank (Mr.) | | 0000001 |
| 4 Date | 5 Payee name | | | |
| 01/05/2015 | Costco | | | |
| 6 Amount (\$) | 7 Payee address C | ity; State; Zip Code | | |
| \$286.67 | 10401 Research Bouleva Austin, TX 78759-5712 | rd | | |
| 8 | (a) Category (See Categories liste | ed at the top of this schedule) | (b) Description (If travel | outside of Texas, complete Schedule T) |
| PURPOSE | Advertising Expense | | Purchase of food fo | r fundraising event |
| OF EXPENDITURE | | | _ | |
| | | | Check if Austin, TX, offi | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder nar | ne | Office sought: | Office held: |
| Date | Payee name | | | |
| 01/05/2015 | Facebook Advertising US | A | | |
| Amount (\$) | Payee address C | ty; State; Zip Code | | |
| \$333.41 | 1601 Willow Road | | | |
| | Building 10 Menlo Park, CA 94025 | | | |
| | Menio Park, CA 94025 | | | |
| PURPOSE | Category (See Categories liste | ed at the top of this schedule) | Description (If travel Facebook post boos | outside of Texas, complete Schedule T) |
| OF | Advertising Expense | | l acebook post boos | sting charges |
| EXPENDITURE | | | | |
| Complete ONLY if | Candidate / Officeholder nar | 10 | Check if Austin, TX, offi Office sought: | Office held: |
| direct expenditure | Candidate / Cinceriolder Har | ie | Office Sought. | Office field. |
| to benefit C/OH | | - Andrews | | |
| Date | Payee name | | | |
| 12/17/2014 | Korey Howell Photograph | У | | |
| Amount (\$) | C 80 C D C D D D D D D D D D D D D D D D D | ty; State; Zip Code | | |
| \$189.44 | 9707 Anderson Mill Road #310 | | | |
| | Austin, TX 78750 | | | |
| | | d at the ten of this schodule) | Description (If travel | autaida of Tayon, complete Schodula T\ |
| PURPOSE | Category (See Categories liste | a at the top of this schedule) | Photography fees | outside of Texas, complete Schedule T) |
| OF | | | | |
| EXPENDITURE | | | Check if Austin, TX, office | ceholder living expense |
| Complete ONLY if | Candidate / Officeholder nan | ne | Office sought: | Office held: |
| direct expenditure to benefit C/OH | | | | |
| | Davis asses | | | |
| Date | Payee name Leffingwell, Bethany (Mrs | 1 | | |
| 12/31/2014 Amount (\$) | | ty; State; Zip Code | | |
| | 1948 Savannah Drive | ry, State, Zip Code | | |
| \$189.42 | Round Rock, TX 78681 | | | |
| | | | | |
| | Category (See Categories liste | d at the top of this schedule) | Description (If travel | outside of Texas, complete Schedule T) |
| PURPOSE | | | Direct reimburseme | nt of amounts spent for |
| OF EXPENDITURE | | | advertising on Face | DUUK |
| | | | Check if Austin, TX, office | |
| Complete ONLY if | Candidate / Officeholder nan | ne | Office sought: | Office held: |
| direct expenditure to benefit C/OH | | | | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

| Fees Polling Expense Travel Out Of Distr Fees Printing Expense Office Overhead/R The Instruction Guide explains how | | ental Expense OTHER (enter a category not listed above) |
|---|--|---|
| 1 PAGE# 2 FILER NAME | | 3 ACCOUNT# (TEC filers) |
| Schedule: 2/6 Re | port: 18/22 Leffingwell, Frank (Mr.) | 0000001 |
| 4 Date | 5 Payee name | |
| 12/18/2014 | Leffingwell, Frank (Mr.) | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$3,000.00 | 1948 Savannah Drive Round Rock, TX 78681 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) Repayment of loan of personal funds to campaign |
| OF EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date 12/19/2014 | Payee name Leffingwell, Frank (Mr.) | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1,000.00 | 1948 Savannah Drive | |
| \$1,000.00 | Round Rock, TX 78681 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) Repayment of loan of personal funds to campaign |
| OF EXPENDITURE | | _ |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date | Payee name | |
| 12/30/2014 | Minute Man Press | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$328.34 | 1904 S Austin Ave Georgetown, TX 78626 | |
| DUDDOOF | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE OF | | Handout printing |
| EXPENDITURE | | n |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: |
| Complete ONLY if direct expenditure to benefit C/OH | Sandida / Sincerolder Harris | Office sought: Office held: |
| Date | Payee name | |
| 01/05/2015 | Office Depot | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$29.22 | 110 N. I-35, Ste. 298 Round Rock, TX 78681 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) Purchase of custom ink stamp for mailers |
| OF EXPENDITURE | , attending Expende | |
| Complete Compa | Candidata / Officeholder name | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense Fees | | Expense Expense | Travel Out Of D | District d/Rental Expense | | /Officeholder/Political Committee er a category not listed above) |
|--|----------------------|-----------------------------------|-------------------|------------------------------|--|--|
| 1 663 | 1 mang | | | ow to complete thi | CONTROL SUPERIOR DE LA CONTROL | or a category not more aports, |
| 1 PAGE# | | 2 FILER NAME | - | | | 3 ACCOUNT# (TEC filers) |
| Schedule: 3/6 Re | port: 19/22 | Leffingwell, Frank (| Mr.) | | | 0000001 |
| 4 Date | 5 Payee name | | | | | • |
| 01/05/2015 | Office Depot | | | | | |
| 6 Amount (\$) | 7 Payee addres | s City; State; | Zip Code | | | |
| \$176.40 | 110 N. I-35, | | | | | |
| , | Round Rock | , TX 78681 | | | | |
| | | | | | | |
| 8 DUDDOSE | | e Categories listed at the top | of this schedule) | (b) Description | on (If travel outside and supplies for | le of Texas, complete Schedule T) |
| PURPOSE OF | Advertising I | =xpense | | 1 Ostage | and supplies to | Intaliers |
| EXPENDITURE | | | | _ _□ | | |
| O Complete ONLY if | Candidate / O | fficeholder name | | | ustin, TX, officehol sought: | Office held: |
| 9 Complete ONLY if direct expenditure | Candidate / O | ilicentituel fiame | | Office | Sought. | Office field. |
| to benefit C/OH | | | | | | |
| Date | Payee name | | | | | |
| 12/16/2014 | PayPal | | | | | |
| Amount (\$) | Payee addres | s City; State; | Zip Code | | | |
| \$3.20 | 2211 North I | | | | | |
| 12 | San Jose, C | A 95131 | | | | |
| | 0.1 10 | | | Description | | le of Tours assessed Cohodula T |
| PURPOSE | Category (Sec | e Categories listed at the top | of this schedule) | Description Payment | processing fee | de of Texas, complete Schedule T) |
| OF | | | | | | |
| EXPENDITURE | | | | Check if A | ustin, TX, officehol | der living expense |
| Complete ONLY if | Candidate / O | fficeholder name | | | sought: | Office held: |
| direct expenditure to benefit C/OH | | | | | | |
| | | | | | | |
| Date | Payee name PayPal | | | | | |
| 12/18/2014 Amount (\$) | Payee addres | s City; State; | Zin Codo | | | |
| | 2211 North F | | Zip Code | | | 4 |
| \$3.20 | San Jose, C | | | | | |
| | , | | | | | |
| | Category (See | e Categories listed at the top | of this schedule) | Description | n (If travel outsid | le of Texas, complete Schedule T) |
| PURPOSE | | | | Payment | processing fee | s |
| OF EXPENDITURE | | | | | | |
| | | | | | ustin, TX, officehol | |
| Complete ONLY if direct expenditure | Candidate / O | fficeholder name | | Office | sought: | Office held: |
| to benefit C/OH | | | | | | |
| Date | Payee name | | | | | |
| 12/18/2014 | PayPal | | | | | |
| Amount (\$) | Payee addres | s City; State; | Zip Code | | | |
| \$3.20 | 2211 North F | First Street | | | | |
| Ψ0.20 | San Jose, C | A 95131 | | | | |
| | | | | | | |
| DUDDOOF | Category (See | e Categories listed at the top of | of this schedule) | Description | n (If travel outside processing feet | le of Texas, complete Schedule T) |
| PURPOSE OF | | | | Fayineni | . processing ide | 3 |
| EXPENDITURE | | | | | | J C. J |
| Complete ONLY # | Candidate / O | fficeholder name | | | ustin, TX, officehol sought: | der living expense Office held: |
| Complete ONLY if direct expenditure | Garididate / O | mosnoidel fiame | | Onice | Jougin. | Cindo fiola. |
| to benefit C/OH | | | | | | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| Fees | Printing Expense Office Overhead/ The Instruction Guide explains ho | Rental Expense OTHER (enter a category not listed above) |
|---|---|---|
| 4 DACE# | 2 FILER NAME | 3 ACCOUNT# (TEC filers) |
| 1 PAGE# | Laffinguell Frank (Mr.) | 00000001 |
| Schedule: 4/6 Re | port: 20/22 | 0000001 |
| 4 Date | 5 Payee name PayPal | |
| 12/18/2014 | • | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | |
| \$3.20 | 2211 North First Street San Jose, CA 95131 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) Payment processing fees |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date 01/01/2015 | Payee name PayPal | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$3.20 | 2211 North First Street San Jose, CA 95131 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Payment processing fee |
| OF EXPENDITURE | | |
| | * | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date | Payee name | |
| 01/02/2015 | PayPal | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$3.20 | 2211 North First Street San Jose, CA 95131 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Payment processing fee |
| OF EXPENDITURE | | |
| | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: |
| Date | Payee name | |
| 01/05/2015 | PayPal | |
| Amount (\$) | Payee address City; State; Zip Code | |
| \$1.03 | 2211 North First Street San Jose, CA 95131 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Payment processing fee |
| OF EXPENDITURE | | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: |
| direct expenditure to benefit C/OH | | |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense Fees | Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) | | | |
|--|---|--|--|--|
| rees | The Instruction Guide explains how | | | |
| 1 PAGE# 2 FILER NAME | | 3 ACCOUNT# (TEC filers) | | |
| Schedule: 5/6 Report: 21/22 Leffingwell, Frank (Mr.) | | 0000001 | | |
| 4 Date | 5 Payee name | | | |
| 01/05/2015 | PayPal | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | | |
| \$3.20 | 2211 North First Street | | | |
| , | San Jose, CA 95131 | | | |
| | | | | |
| 8 DUDDOCE | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) Payment processing fee | | |
| PURPOSE OF | Fees | Fayment processing fee | | |
| EXPENDITURE | | | | |
| O Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: | | |
| 9 Complete ONLY if direct expenditure | Candidate / Chicerolder Haille | Office Sought. | | |
| to benefit C/OH | | | | |
| Date | Payee name | | | |
| 01/06/2015 | PayPal | 400 | | |
| Amount (\$) | Payee address City; State; Zip Code | | | |
| \$1.75 | 2211 North First Street | | | |
| si si | San Jose, CA 95131 | | | |
| | | Description (from the first property Colored TV 🗆 | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Payment processing fee | | |
| OF | 1665 | | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: | | |
| direct expenditure to benefit C/OH | | _ | | |
| | | | | |
| Date | Payee name PayPal | | | |
| 01/13/2015 Amount (\$) | | | | |
| | Payee address City; State; Zip Code 2211 North First Street | | | |
| \$3.20 | San Jose, CA 95131 | | | |
| | , | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| PURPOSE | Fees | Payment processing fee | | |
| OF EXPENDITURE | | | | |
| | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: | | |
| to benefit C/OH | | | | |
| Date | Payee name | | | |
| 12/31/2014 | RBank | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | |
| \$5.00 | 1900 Round Rock Ave. | | | |
| , , , , | Round Rock, TX 78681 | | | |
| | | | | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) Bank account service fee | | |
| OF | | Bank account service rec | | |
| EXPENDITURE | | Charles Austin TV officeholds William | | |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: | | |
| direct expenditure | Canadate / Officerolder Harne | Jinoo oodgiiii Jinoo iiolai | | |
| to benefit C/OH | | | | |

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

| The Instruction Guide explains how to complete this form. | | | | |
|---|--|--|--|--|
| 1 PAGE# | 2 FILER NAME | 3 ACCOUNT # (TEC filers) | | |
| Schedule: 6/6 Re | Laffia avvall Family (Max) | 00000001 | | |
| 4 Date | 5 Payee name | | | |
| 12/30/2014 | RustyDesigns | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | | |
| \$100.00 | 2002 Turning Leaf Drive | | | |
| * | Bryan, TX 77807 | | | |
| | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) Consulting services - identification of voters | | |
| OF | | Containing convictor identification of retere | | |
| EXPENDITURE | 4 | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if | Candidate / Officeholder name | Office sought: Office held: | | |
| direct expenditure to benefit C/OH | | | | |
| | | | | |
| Date | Payee name Soleer LLC | | | |
| 12/17/2014 Amount (\$) | Payee address City; State; Zip Code | | | |
| | 12503 McLoughlin Pt | | | |
| \$1,000.00 | Austin, TX 78726 | | | |
| | | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| PURPOSE OF | | Website development fees | | |
| EXPENDITURE | | | | |
| Complete ONLY if | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought: Office held: | | |
| direct expenditure | Candidate / Officeriolder frame | Office sought. | | |
| to benefit C/OH | | | | |
| Date | Payee name | | | |
| 01/07/2015 | Unites States Postal Service | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | |
| \$49.00 | 2250 Double Creek Drive Round Rock, TX 78664 | | | |
| | | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| PURPOSE OF | Advertising Expense | Postage | | |
| EXPENDITURE | | | | |
| Maria de Caraciana | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: | | |
| to benefit C/OH | | | | |
| Date | Payee name | | | |
| 01/05/2015 | Zazzle.com | | | |
| Amount (\$) | Payee address City; State; Zip Code | | | |
| \$157.89 | 1900 Seaport Boulevard Redwood City, CA 94063 | | | |
| | Noawood Oily, OA 94000 | | | |
| | Category (See Categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| PURPOSE | Advertising Expense | Supplies for fundraising event | | |
| OF EXPENDITURE | | <u> </u> | | |
| | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure | Candidate / Officeholder name | Office sought: Office held: | | |
| to benefit C/OH | | | | |